POSITION	INITIALS	IL +10 _	DATE	_
FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW	EY-CK	1109	10/01-01 19/15 1-18-01	
INDEX OF CLAIMS				
= — (Through numeral) ÷	Atlowed Canceled			
Claim Date	F. 7	Date	Claim Date	·—·
	Fig. Fig.	BEST		COPY
45 46 47 48 49 50	95 96 97 98 99		145 146 147 148 149	

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)